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 | LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 91 LCM-23

Date: February 19, 1991

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Comprehensive Medicaid Case Management (CMCM) - Enrollment
 of Intensive Case Management (ICM) Providers in MMIS

ATTACHMENTS: There are no attachments to this LCM.

The statewide Office of Mental Health's Comprehensive Medicaid Case Management (CMCM) program, Intensive Case Management (ICM), was described in 89 LCM-131. This memorandum conveys specific information regarding the enrollment of the ICM providers listed below.

This provider information is required for completion of the individual client WMS registration/termination procedures described in 89 ADM-29 (IV) (L) and 90 LCM-16. Please note that the WMS registration date may be retroactive to the first ICM services as long as it does not predate April 1, 1989 or the start date of the agency, whichever is later.

The following providers have been enrolled in MMIS under category of service 0265 and rate code 5200:

<u>Provider Name</u>	<u>Provider I.D. #</u>	<u>Monthly Rate</u>	<u>Effective Dates of Rate</u>	<u>Agency's Start Date</u>
Broome Co. Catholic Charities	01164149	\$454.00	1/1/90-12/31/90	1/1/90
Suffolk Co. Dept. of Health Serv.	01175277	\$850.83	9/1/89-12/31/89	9/1/89

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<u>Provider Name</u>	<u>Provider I.D. #</u>	<u>Monthly Rate</u>	<u>Effective Dates of Rate</u>	<u>Agency's Start Date</u>
Chenango Co. MH	01178716	\$850.00	10/1/89-12/31/89	10/1/89
Onondaga CM, Inc.	01212142	\$607.30	1/1/90-12/31/90	1/1/90

Additional information will be conveyed as other ICM CMCM providers are enrolled in MMIS.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance